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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>107088588</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2		1		1		1	
3		1		1		1	
4		3		3		3	
5		3		3		3	
6		3		3		3	
7		1		1		1	
8		1		1		1	
9		1		1		1	
10		1		1		1	
11		4		4		4	
12		5		5		5	
13		5		5		5	
14		5		5		5	
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26		3		3		3	
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TOTAL IND.	2		2				
TOTAL DEP.		60		60			
TOTAL CLAIMS		62		62			